

Commerce Benefits Group wants to serve you better and appreciates you taking the time to complete this survey.

Customer Evaluation Survey

- 1. Exceeds Expectations
- 2. Exceeds In Some Areas
- 3. Meets Expectations



- 4. Occasionally Meets Expectations
- 5. Expectations Are Not Being Met
- 6. Does Not Apply

CUSTOMER SERVICE

	1	2	3	4	5	6
1. Is the telephone system user friendly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Were your calls to our Customer Service Specialists answered promptly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Were the Customer Service Specialists knowledgeable and professional?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Were the Customer Service Specialists courteous and friendly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Did the Customer Service Specialist listen to your concerns and/or understand your specific service needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Did the Customer Service Specialist treat you in a manner that made you feel comfortable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Were your questions or issues resolved in one call?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Did the Customer Service Specialist respond promptly to your e-mail inquiry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Did the Customer Service Specialist show a sense of urgency to fulfill your request promptly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. How would you compare our customer service with other companies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Did you find the on-line Web eXchange system to be user friendly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ADMINISTRATION

	1	2	3	4	5	6
12. Were the pre-enrollment materials easy to understand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Were the post-enrollment materials easy to understand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. How would you rate the quality and delivery of the ID cards?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. How was the accuracy of the ID cards?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Please rate the quality and delivery of the Summary Plan Description.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Please rate the ease of understanding the Summary Plan Description.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. If you spoke with an Eligibility Representative, was s/he knowledgeable, courteous and professional?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CLAIMS

	1	2	3	4	5	6
19. Were your claims processed in a timely manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Were your claims processed accurately?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Are the Explanation of Benefits clear and understandable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. If you had additional concerns, were they handled appropriately?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____



Customer Evaluation Survey

(continued)

SUMMARY/COMMENTS

23. How long have you been a customer of Commerce Benefits Group? _____

24. What do you like best about the services that we provide?
Comments: _____

25. What do you like least about the services that we provide?
Comments: _____

26. Would you refer a prospective customer to us? Yes____ No____

27. If you feel we haven't met your service expectations, please describe the situation, including the name of the staff member involved (if known) and the date the incident occurred (if known):
Comments: _____

28. Please comment on any additional strengths or areas where you feel we can improve our service to you or to your organization.
Comments: _____

- | | |
|--------------------------|------------------------------------|
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29. Overall satisfaction with Commerce Benefits Group 1 2 3 4 5 6

Employee Signature

Employer

Employee Name
(Please print)

Date

Commerce Benefits Group
P.O. Box 900 Elyria, OH 44036

www.commercebenefitsgroup.com
Thank you for completing our survey